SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101780 (0)

COLUMBUS WAREHOUSE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

FILED Aug 13 1998 8:00am Secretary of State



3335 CHANTARENE DRIVE PENSACOLA FL 32507 PENSACOLA FL 32507				DO NOT WRITE IN T	UD ADA OF
				3. Date Incorporated or Qualified 12/17/1996	IIS SPACE
2. Principal P 21 6738	Place of Business Epping Forest Way A	2a. Mailing Address 26 6 13 0 Epping	Forest WAY I	4 FFI Number	Applied For Not Applicable
Suite, Apt.	# 4 407	Suite, Apt. #, etc. #	107	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Ksonville FL	City & State	ille FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 322	-17 County 45 A	1 1	Country SA	This corporation owes or has paid the operation of the personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent POLLAK, LEWIS B SR 81 Name					
3335 CHANTARENE DRIVE					
				drass (P.O. Box Number is Not Acceptable) # 10 1	VAY N.
			84 City J 0	icksonville F	les Zin Codo
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered agent ar		E: Registered Agent signature re	-i	
12. TITLE	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	PLLAK, LEWIS B SR	DELETE	1.1 13 LE 1.2 NAME		Change Addition
STREET ADDRESS	3335 CHANTARENE DRIVE		1.3 STREET ADDRESS	1780 FORING FORE	MAN W HAT
CITY-ST-ZIP	PENSACOLA FL 32507		1.3 STREET ADDRESS	6730 EPPING FOREST JACKSON VILLE FL	\$12.17
TITLE		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	DREASON OTTE 12	
NAME		□ DECE IE	2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		:
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		Land Description	3.2 NAME		Change Audillon
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4 CITY-ST-ZiP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		Carlo Manager
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.